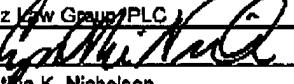


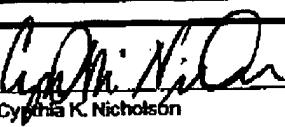
|  |  |   |                                |
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| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> |  | Application Number<br>10/725,531        | RECEIVED<br>CENTRAL FAX CENTER |
|  |  | Filing Date<br>12/3/2003                | FEB 27 2008                    |
|  |  | First Named Inventor<br>LEE             |                                |
|  |  | Art Unit<br>2162                        |                                |
|  |  | Examiner Name<br>Jean M. CORRIELUS      |                                |
| Total Number of Pages in This Submission<br><b>26</b>                                      |  | Attorney Docket Number<br>113708.130US1 |                                |

| ENCLOSURES (Check all that apply)  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply (23 pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance communication to (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |  |
|  |  | Remarks  |  |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | Posz Law Group/PLC  |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Cynthia K. Nicholson  |          |        |
| Date                                       | 27 February 2008  | Reg. No. | 36,880 |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |      |                  |
|---|---|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax No. 571.273.8300) on the date shown below. |   |      |                  |
| Signature   |  |      |                  |
| Typed or printed name   | Cynthia K. Nicholson  | Date | 27 February 2008 |

FEB 27 2008

| <b>FEE TRANSMITTAL</b>   |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
|--|---|-----------------------------------|--|------------------|---------------------------|---------------|--|--|---------------------------|--|----------|---------------|----------|---------------|----------|---------------|--------------|--------|------------------------------|-----|-----|-----|--|--------|-----|-----|-----|----|----------------------|--------------|-------|----------|-----|---------------|-----|-------------|----|---------|-----|-----|-----|---|-----|-----|-------------|-----|----|---|---|---|---|
|  |   | Application Number                | 10/725,531                                       |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
|  |   | Filing Date                       | 12/3/2003  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
|  |   | First Named Inventor              | LEE  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
|  |   | Examiner Name                     | Jean M. CORRIELUS                                |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27  |   | Art Unit                          | 2162   |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| TOTAL AMOUNT OF PAYMENT (\$ 525)   |   | Attorney Docket No. 113708-130US1 |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____   |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC  |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <input type="checkbox"/> Charge fee(s) indicated below   |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments   |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <b>FEES CALCULATION</b>  |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 20%;">Application Type</th> <th colspan="2" style="width: 30%;">FILING FEES</th> <th colspan="2" style="width: 30%;">SEARCH FEES</th> <th colspan="2" style="width: 20%;">EXAMINATION FEES</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> </tr> <tr> <td>Provisional</td> <td>160</td> <td>80</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>   |   |                                   |  | Application Type | FILING FEES               |               | SEARCH FEES                                      |  | EXAMINATION FEES          |  | Fee (\$) | Small Entity  | Fee (\$) | Small Entity  | Fee (\$) | Small Entity  | Utility      | 300    | 150                          | 500 | 250 | 200 | 100  | Design | 200 | 100 | 100 | 50 | 130                  | 65           | Plant | 200      | 100 | 300           | 150 | 160         | 80 | Reissue | 300 | 150 | 500 | 250   | 600 | 300 | Provisional | 160 | 80 | 0 | 0 | 0 | 0 |
| Application Type   | FILING FEES   |                                   | SEARCH FEES                                      |                  | EXAMINATION FEES          |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
|  | Fee (\$)  | Small Entity                      | Fee (\$)   | Small Entity     | Fee (\$)                  | Small Entity  |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| Utility  | 300   | 150                               | 500  | 250              | 200                       | 100           |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| Design   | 200   | 100                               | 100  | 50               | 130                       | 65            |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| Plant  | 200   | 100                               | 300  | 150              | 160                       | 80            |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| Reissue  | 300   | 150                               | 500  | 250              | 600                       | 300           |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| Provisional  | 160   | 80                                | 0  | 0                | 0                         | 0             |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <b>2. EXCESS CLAIM FEES</b><br><u>Fee Description</u><br>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent<br>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent<br>Multiple dependent claims  |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
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| Total Claims   | Extra Claims  |                                   | Fee (\$)   |                  | Multiple Dependent Claims |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
|  | Fee (\$)  | Fee Paid (\$)                     | Fee (\$)   | Fee Paid (\$)    | Fee (\$)                  | Fee Paid (\$) |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| - 20 or HP =   | x   | =                                 |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
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| <u>Indep. Claims</u>   | Extra Claims  |                                   | Fee (\$)   |                  | Fee Paid (\$)             |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| - 3 or HP =  | x   | =                                 |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
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| <b>3. APPLICATION SIZE FEE</b><br>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)<br>for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).  |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
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| Total Sheets   | Extra Sheets  |                                   | Number of each additional 50 or fraction thereof |                  | Fee (\$)                  |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
|  | Fee (\$)  | Fee Paid (\$)                     | Fee (\$)   | Fee Paid (\$)    | Fee (\$)                  | Fee Paid (\$) |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| - 100 =  | / 50 =  | (round up to a whole number)      | x  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <b>4. OTHER FEE(S)</b><br>Non-English Specification, \$130 fee (no small entity discount)<br>Other, Petition for Extension of Time (three (3) months) (small entity)   |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| 525  |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| <b>SUBMITTED BY</b>  |   |                                   |  |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| Signature  |  |                                   | Registration No.<br>(Attorney/Agent) 36,880      |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |
| Name (Print/Type)  | Cynthia K. Nicholson  |                                   | Date 27 February 2008                            |                  |                           |               |  |  |                           |  |          |               |          |               |          |               |              |        |                              |     |     |     |  |        |     |     |     |    |                      |              |       |          |     |               |     |             |    |         |     |     |     |   |     |     |             |     |    |   |   |   |   |